

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

STATE FILE NUMBER 91-53-042774

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	
Length of stay in lb <b>43 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1105 E. Jackson St.</b>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>SIMPSON</b> Last		4. DATE OF DEATH Month <b>Dec.</b> Day <b>4</b> , Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 22, 86</b>
9. AGE (last birthday) <b>77 yrs.</b>		10. IF UNDER 1 YEAR Months <b>77</b> Days <b>77</b> Hours <b>77</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fire Brick</b>	
11. BIRTHPLACE (City and state or country) <b>Turriff, Scotland</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Simpson</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Patterson</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen Ann Simpson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <b>No</b> or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Mrs. Helen Simpson, Mexico, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Anterior Septal Myocardial Infarction</b> DUE TO (b) <b>II Coronary Sclerosis</b> DUE TO (c) <b>III Congestive Heart Failure - associated with</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>11-16-63</b> <b>?</b> <b>11-16-63</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>X</b>		20c. TIME OF INJURY Hour <b>X</b> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	
20f. CITY, TOWN, OR LOCATION <b>Mexico, Mo.</b>		20g. COUNTY <b>Mexico</b>	
20h. STATE <b>Mo.</b>		21. I attended the deceased from <b>11-16-63</b> to <b>12-4-63</b> and last saw him alive on <b>12-3-63</b> Death occurred at <b>Audrain County Hospital</b> <b>12-4-63</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Harry F. Brien M.D.</b>		22b. ADDRESS <b>Mexico, Missouri</b>	
22c. DATE SIGNED <b>12-4-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Dec. 6, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>	
23d. LOCATION (City, town, or county) <b>Mexico, Mo.</b>		23e. DATE RECD. BY LOCAL REG. <b>December 5-1963</b>	
23f. REGISTRAR'S SIGNATURE <b>Albert E. Edwards</b>		24. FUNERAL DIRECTOR <b>Precht Funeral Home, Mexico, Mo.</b>	

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Delbert A. Eaker

Licensed Embalmer No. 5231

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.